Appendix B Accident / Incident Investigation Report

<u>Purpose</u>

This report will be used to determine whether the described incident meets the reporting requirements as defined under DOE and OSHA. If it is determined that the described incident does not meet DOE/OSHA reporting requirements this worksheet will be used for NREL internal reporting and investigation measures.

Incident Investigation & Corrective Actions

The organizational unit responsible for the personnel, area or equipment involved in an incident shall perform a thorough investigation and complete this report. The ES&H Office shall assist with the investigation, and after review of the completed report shall determine if the incident meets applicable reporting criteria. After the investigation has been completed, corrective actions shall be recommended to minimize the potential for reoccurrence.

REPORT ITEMS #1 - #4 TO BE COMPLETED AND <u>RETURNED TO ES&H WITHIN 24 HOURS</u>

Name of Injured Employee:		Social Security Number:	
Employee Number:		<u>Center Number</u> :	
* Complete this region for injuries and illnesses			
1.	Date:	2.	<u>Time</u> :
3.	Location :		
4.	Incident/Occurrence Description:		
5.	<u>Causal Factors</u> : (List the Root Cause, elimination of which would have prevented the incident, as well as any Contributing Causes.)		
6.	<u>Lessons Learned</u> :		
7.	<u>Corrective Actions to Prevent Recurrence</u> : (Indicate whether actions have been taken or are planned, as well as the party responsible for each action.)		
Completed by:			Date:
8. <u>Comments by Line Manager and Center Director</u> :			
Line Manager:		Date:	
Center/Office Director:		Date:	
Reviewed by: Date:			
Comments / ES&H Review:			